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Today

Volume 22, Number 2 Winter 1994

HEALTH-CARE REFORM

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Today

Volume 22, Number 2 Winter 1994

Introduction

How might health-care reform affect the Medical College of Georgia, and indeed the entire country?

The editor of *Medical College of Georgia Today* posed this question, and others regarding reform, to various members of the MCG community—its president, deans, hospital executive director and a medical student. Their insights and opinions reveal the astonishing complexity and diversity surrounding this issue. But all those polled have an underlying sense of optimism and the utmost faith that MCG will thrive regardless of the direction reform ultimately takes. Their viewpoints are featured inside.

We also invite you to join with us in celebrating an anniversary—the 25th, to be exact, of MCG's organ transplantation program. The lives and stories of the people affected by the program are truly cause for celebration.

Read also about an MCG program for developmentally delayed children. The university uses an interdisciplinary approach to guide children through the sometimes formidable hurdles of learning to communicate and use their bodies effectively. The results? The happy, smiling faces of children who now can chatter, run, jump and play with the best of 'em.

MCG has broken ground on a new interdisciplinary research facility, which will house the school's Center for Telemedicine and Institute of Molecular Medicine and Genetics, along with other cutting-edge research programs. We invite you to read about the new facility, and its implications for the future, in the *AlumNews* section of the magazine. ■

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The Medical College of Georgia is the health sciences university of the University System of Georgia. Focusing on health-care education, research and patient care, the Augusta-based institution consists of MCG Hospital, more than 80 support clinics, statewide outreach programs and the Schools of Allied Health Sciences, Dentistry, Graduate Studies, Medicine and Nursing.

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REFLECTIONS ON REFORM

Editor's note: *Christine Hurley Deriso, publications editor at the Medical College of Georgia, posed the following questions about health-care reform to members of the MCG community. The panel includes Dr. Francis J. Tedesco, president; R. Edward Howell, executive director of the MCG Hospital and Clinics; Dr. Lowell M. Greenbaum, vice president for research and dean of the School of Graduate Studies; Dr. Vickie A. Lambert, dean of the School of Nursing; Dr. David R. Myers, dean of the School of Dentistry; Dr. Charles Wray, interim dean of the MCG School of Medicine (now succeeded by Dr. Darrell Kirch as permanent dean); Dr. Biagio J. Vericella, dean of the School of Allied Health Sciences; and Jennifer Hudson, a second-year medical student.*

Q. *What is your overall impression of President Clinton's health-care reform package?*

Dr. Tedesco: I think the president deserves very high marks for being courageous enough to bring the issue to the forefront of national debate. His commitment has already created changes in the health-care system. This is just the beginning of the process, but I think after the debate and after people's views are heard, we will have a change in our health-care system. Change is in the wind. The public seems quite supportive, and that support will necessitate change more than anyone's personal interest.

Mr. Howell: I believe it attempts to address many important limitations of our current health-care system. However, I'm concerned that it fails to appreciate many of the complexities associated with providing health care to 250 million Americans. I would hope that debate over health-care reform includes some vision and articulation of where we need to go and the desired outcomes—not just how we go about getting there.

Dr. Greenbaum: It's very necessary to overhaul health care. Many people don't have adequate health care, and the economy forces many people to work part-time, making it very difficult to maintain a health plan. Frankly, I've always felt very disturbed that a company can drop a family from coverage because one member of the family becomes ill.

Dr. Lambert: I think reform needs to take place. There may be issues in the package that need to be refined, and I think that will occur, but I commend the president. He took the bull by the horns to try to address problems in the health-care system—and we do have problems.

Dr. Myers: I commend the president for bringing this issue to the forefront. There's a lot of concern in society today about health care, the primary forces being cost and lack of access. The issue of reform is complex and to some extent divisive, but it's an issue that I think needs to be addressed.

Dr. Vericella: I view it as a great opportunity, especially for the allied health professions. The fact that a package has been developed and submitted is a tribute to the president and first lady. The overall effect of health-care reform should be an enhanced and expanded role for allied health practitioners.

Dr. Wray: Regardless of whether a bill gets passed, there are things going on all over the country that are bringing down health-care costs. There's a tremendous pressure to control costs without the government doing anything. There will be a change in the way we do things. But the government also wants to provide universal access, which other efforts at cost control don't address. The Clinton Administration talks about reducing bureaucracy, but that's not the tendency of government. I think a lot of people are concerned about a Post Office approach to health care.

Ms. Hudson: President Clinton's proposal makes me nervous. I think it's a good effort, but I think there's a lot more that needs to be considered. I think government control of the health-care system could be a disaster for patients.

Q. *What do you consider to be specific deficiencies of President Clinton's reform package?*

Mr. Howell: I'm concerned that the demographics of American society—an aging general population and baby boomers entering the stage of life that has historically consumed large amounts of health care—haven't been factored into the calculations. And I think there are many elements of our health-care program that need to be retained in the future system.

Dr. Greenbaum: I don't think research is adequately addressed in the package. That's a major problem. It's short-sighted to view health care only in terms of hospitalization. The cheapest way to enhance health care is to prevent disease, and that is the

function of research. Currently, the budget of the federal government through the National Institutes of Health to fund research is not expanding. Many of our investigators have difficulty obtaining grants; a few years ago, they would have been funded with ease. The pity is that here at MCG, we're gearing up in the most sophisticated fashion for research. We're even changing the curriculum of graduate students to encompass new fields. But research funding is an important component. We have to be thankful for what the state gives us, but we must strive to do better and compete for federal funds. Research is not an easy life today.

Dr. Myers: Some dentists, being small-business owners, are concerned that they will have to pay higher taxes to provide health care for their employees. Also, dental insurance today is provided by many employers. If this isn't included as part of the basic package, there's a concern that dental benefits might be taxed and that employers therefore might not provide it.

Q. *President Clinton has indicated that states may tailor reform to fit their needs, within certain parameters. What direction do you envision Georgia taking, and what role will MCG play?*

Dr. Tedesco: The geography, composition and character of each state in this country are very different. Maximum flexibility (in allowing each state to individualize health-care reform) will go a long way toward support of reform. MCG will be a contributing force and factor in the statewide debate. I've already testified before the Governor's Health-Care Commission about the importance of including the cost of medical education when determining health-care costs, which is clearly interwoven with health-care delivery. That factor is now built into President Clinton's plan; several months ago, it wasn't. So I'm optimistic.

Q. *How do you perceive student morale in light of health-care reform?*

Dr. Tedesco: Health-care reform has been talked about for two or three years now and applications to MCG—and the quality of those applications—has actually increased significantly. So obviously, young people are still interested in the health-care professions.

Dr. Wray: Applications to medical school have just about doubled in the past five years, which suggests that young people think medicine must be a good thing to pursue.

Dr. Greenbaum: Research students know they may have difficulties getting research grants, but morale seems to be good. We continue to attract high-quality students. Our non-degree program (which helps prepare students for medical school) also has been very popular. We see students still very interested in medical school and graduate school. But if laboratories begin to close down for lack of funding, we'll see a problem—and we'll have a problem for a long time. Once the pipeline is shut down, it takes years to start the flow again.

Dr. Lambert: I think it's very high. We anticipate a very positive influence on our profession. The reform should open doors and broaden our horizons. It also will increase opportunities for nursing in a community setting. That's really where the clientele is moving more and more.

Dr. Myers: I think there's a lot of interest in the subject. At this point, I can't see that this in itself has tremendously affected morale. Our applicant pool for at least the past three years has continued to increase both in numbers and in quality, so there still seems to be quite a bit of interest in dentistry as a career. If legislation really fundamentally transforms how health care is delivered, I think it may affect career choices.

Ms. Hudson: I think most of my classmates aren't in medicine for money; they're in it because they want to be of service and make a contribution. Overall, we have an optimistic view of the future, but we're apprehensive about government control. But it hasn't kept us from pursuing medicine.

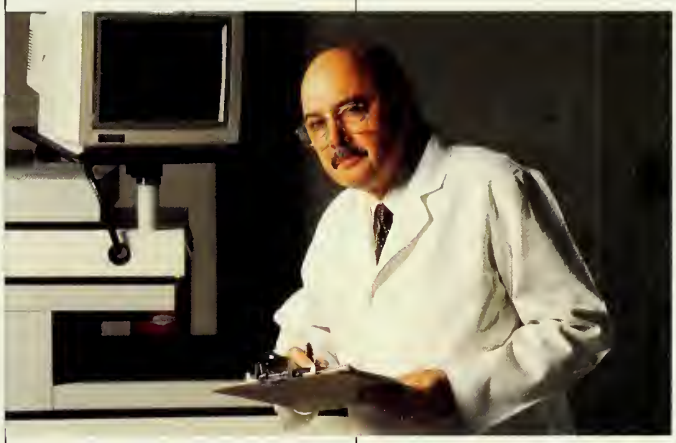
Q. *Are you apprehensive about practicing in a field in which the future is so uncertain and in which your earning power might be in jeopardy?*

Ms. Hudson: No. I know I'll always have a job. The only thing that makes me nervous is the possibility of regulations limiting what I might be able to do for a patient.

Q. *How do you perceive employee/faculty morale in light of health-care reform?*

Dr. Tedesco: Change provokes anxiety, but I'm confident that health-care professionals will rise up and take on the challenge.

Mr. Howell: I perceive a lot of uncertainty as to what the new paradigm will look like and how it will affect the individual. I see in that uncertainty both anxiety about possible negative effects and some anxiousness about possible improvement. I'm concerned about how long it may take to achieve some kind of resolution to health-care reform. It's one thing to have mixed emotions now; I'm concerned about morale over the long run—about how long we can sustain this uncertainty.



Dr. Greenbaum: Scientists will always find a way to keep their laboratories going; research is their life. We see a number of our faculty now being supported by industry; that's the fastest-growing component of our funding. Scientists are always concerned about where the next dollar is coming from, but it would take a great disaster to stop them from their

REFLECTIONS ON REFORM

research. And I think everyone is very optimistic about the future of MCG. We feel very good about programs such as telemedicine and telecommunications, which are well-funded through the Georgia Research Alliance. Along the way, we will have a lot of spinoffs, such as long-distance learning and classrooms without walls in education. These concepts are very exciting.

Dr. Lambert: It's overwhelming at times to consider what might happen, but I think it's very exciting to be a health-care professional at this time. It really sparks creativity about how to deliver health care most effectively. I think it will foster collaboration and cooperation among health-care providers.

Dr. Wray: The faculty will have to change the way it does things, and behavioral change is always difficult. But I think everybody is ready to do his part.

Q. *Some physicians warn that cost controls will sacrifice high quality. Do you share their concern?*

Dr. Tedesco: I don't think so. Although at times we provide the best of health care, factors such as this country's high infant mortality rate and cost of care leads one to wonder whether we're getting the appropriate value for our dollar. But I want to stress that the biggest factor in health-care costs isn't necessarily physicians' fees. The whole system has to be looked at—insurers, malpractice, the public's insatiable appetite for the newest and most high-tech procedures.

Dr. Wray: That's a concern, and initially, it may be a problem. But there's a tremendous interest today in "outcome" medicine; health maintenance organizations are setting up information systems that monitor the care being delivered by those representing them. If things don't seem to be going in the right direction, they start taking action—either urging the practitioner to make some changes or severing the relationship. I use the sports analogy that when a batter comes up, the announcer provides all the relevant statistics and information about him. I anticipate some sort of comparable statistical base that monitors health-care quality. I think that as the system is enhanced, quality will improve. And it's not necessarily true that quality results from spending a lot of money; that's a misconception.

Mr. Howell: I'm concerned that maintaining and improving quality isn't being given a high enough priority on the legislative agenda. However, I believe any national policy debate will be by its very nature one that involves a large number of Americans, and I have confidence that these individuals will be very reluctant to compromise quality for the sake of other agendas.

Q. *How do you feel about the reform package's emphasis on preventive and primary care, and how will the medical school adapt to the expanding demand for primary-care physicians?*

Dr. Tedesco: It would be a mistake to consider reform without greater emphasis on preventive and primary care; that's an absolute prerequisite. I'd like to note that research—biomedical research such as genetic and outcome research—could be part of preventive care. I think the continued support of such research is very important.

Q. *Do you approve of the expanded role that seems to be in store for nurses and allied-health professionals?*

Dr. Lambert: Absolutely. I think reform will open a lot more avenues for nurses in advanced practice. There's a component of health care that advanced nurse practitioners can deliver in a very cost-effective way. I think reform will facilitate that.

Dr. Vericella: Oh, very much so. When you consider adding 37 million clients to a health system in which there currently exists major shortages of allied health practitioners, the need increases dramatically. In primary care, I believe we will see greater utilization of dental hygienists, physician assistants and nurse practitioners, especially in community health clinics, nursing homes, schools systems and the home health-care setting. To assist with the diagnostic needs of these clients, a greater supply of radiographers, medical technologists and diagnostic medical sonographers will be warranted. Therapeutically, a broader role may be required of occupational, physical and respiratory therapists in settings providing rehabilitation and home health. All allied health practitioners will play an expanded role in preventive measures.

Dr. Wray: Yes, but I would hope we would integrate a system to work for the best interest of the patient. I think different segments going off on their own in an uncohesive fashion might work against the best interests of the patient.

Dr. Tedesco: I think primary care must include non-physician providers; professionals

such as physician assistants and nurse practitioners tend to be greatly under-utilized. I think (their increased involvement) will create anxiety for some components, but we need to keep an open mind. I think this is an opportunity. We can't be afraid of change. Rather than burying our head in the sand, we should be part of the process.

Q. *Do you think education at MCG is evolving to adequately address any changes in the field that may be in store?*

Dr. Lambert: We have already anticipated change and have begun to take action. The faculty here have worked very diligently to develop a nurse practitioner program that will include a family nurse practitioner track, a pediatric nurse practitioner track and a neonatal nurse practitioner track. We are gearing up for the fact that there will be a need for advanced practice nursing services. We are preparing, and I think we're moving along nicely. We hope to put these programs into effect in the fall.

Dr. Vericella: I think so. We have been providing content to students in the areas of geriatrics, ethics, rural-health issues, home health and team development, the latter through a federal grant. Also, we currently have two external-degree programs in rural areas and are planning to add two more. These projects will be enhanced and expanded by the onset of distance-learning and hopefully in the future by telemedicine.

Ms. Hudson: I think so. Right now, I'm doing mostly textbook learning. When I get into clinical training, it'll be interesting to see how it's handled. We're already being taught that, for instance, tests don't necessarily need to be run just because they can be. Our professors do a good job stressing that we shouldn't waste money—our patients', or insurance companies' or anybody else's. One of our lectures was on the cost of tests; we had to learn what they cost so that when we order tests, we'll have an idea of what we're actually spending.

Q. *If President Clinton's reform package is passed, what do you anticipate to be the most significant changes in the operation of your area of responsibility?*

Mr. Howell: I think the first thing is to define what the package is; it's very quickly changing, so answering this question is like shooting at a moving target. That being said, I think the most significant change relates to changing how we accept responsibility for patient care. We seem to be moving away from health-care delivery based on responsibility for each encounter with the system to one which accepts responsibility for "covered life" and all the assorted accompanying demands.

Dr. Myers: The proposal that has been brought forth has certain content and implications that affect dentistry both from the patients' and providers' point of view. The package, as I understand it, includes dental benefits but limits them to children under 18, with a provision for emergency care for adults. A more comprehensive package would be phased in depending on the availability of funding. How it may end up, I don't know. If all patients under 18 have access to care, it might affect the availability of patients coming to the dental school. On the other hand, those who might not otherwise have sought care might come here for treatment.

Dr. Wray: The original reform package did not consider the impact on medical education. Subsequently, it has begun to be considered, and there are some provisions that will be helpful to academic medical centers. We already anticipate more graduates in primary care, which implies a decrease in other programs, but all of that has yet to be negotiated.

Q. *Do you think your area of responsibility can adapt quickly and successfully to whatever may be in store?*

Dr. Wray: We've been trying to keep up with the changes (in the reform plan.) The overall impact of the package could affect a significant segment of the MCG budget. We're trying to do everything we can, but nobody knows yet what the final law is going to be.

Mr. Howell: Certainly we've adapted in the past, and I have every reason to think we can adapt in the future. The health-care environment is changing rapidly, which will require us to change rapidly. And the changes have already begun to occur in our environment even though no legislation has yet been adopted. We're already making appropriate changes in response to that trend.

Dr. Lambert: We're being pretty conceptual about the approach. For instance, we conceptualized our practitioner program even before the reform movement began. We have a lot of committed faculty, and I think that's the key to adaptation.

Dr. Myers: I think we have to. I hope the ultimate legislation is something that we can work with favorably and that we don't end up with something that is adverse to health-care education. The essence is, whatever's passed, we will have to adapt to it.

Dr. Vericella: Definitely. Allied health faculty are very flexible and adapt easily to changes in the practice and educational arenas. As educators, we strive to develop students with the ability to problem-solve and become self-directed learners. Our graduates will hopefully fare well under a new health-care system. We look forward to the challenge. ■

Righting the Rhythm

It's a condition that can take your breath away.

Patients with arrhythmia, an irregularly fast heartbeat sometimes caused by extra pathways of electrical conduction in the heart, often can't take a deep breath and may feel dizzy or even pass out.

"One type of arrhythmia is an abnormally fast heartbeat that is due to an extra circuit. An impulse is able to exit the regular circuit and depolarize the heart faster than the regular conduction system can," said Dr. Abraham Kocheril, director of clinical electrophysiology in the Medical College of Georgia Section of Cardiology. "Probably the best-known arrhythmia in this class is the Wolff-Parkinson-White Syndrome, where you have an accessory pathway which connects the atrium to the ventricle.

"One branch of the circuit is an accessory pathway and the other is the normal conduction system. Impulses travel down the accessory pathway and back up the normal conduction system. And that can give you an abnormally fast heart rate."

Arrhythmia traditionally has been treated with surgery, direct current shock or medications with unpleasant side effects such as nausea, diarrhea and rashes. But Dr. Kocheril uses a technique called radio frequency ablation that uses alternating current in the radio frequency range to permanently interrupt the extra pathways of current and cure an irregular heartbeat.

"It's a way to destroy a critical piece of tissue that is involved in the initiation and maintenance of an arrhythmia," said Dr. Kocheril. "We deliver, through a catheter, energy in the radio frequency range between audible sound and ultrasound. It generates heat at the catheter tip, which burns the tissue in an easily controllable way."

The technique is performed while the patient is mildly sedated. "It is well-tolerated by the body. The patient hardly feels it," Dr. Kocheril said.

Dr. Kocheril maps the location of the abnormal circuit in the heart in the electrophysiology lab. He can then decide on the approach to break the circuit using the ablation technique. "We pick a limb of the circuit and burn the tissue which interrupts the circuit," he said. "When the alternate pathway is out of commission, your normal mechanism will have control over the heart's rhythm." The result is a normal, synchronized heartbeat.

"The whole idea is to make your cardiac output as efficient as possible. The heart is designed so that the upper chambers contract first, filling the lower chambers to capacity," he said. "Then the lower chambers deliver as much volume as possible to the lungs to be oxygenated and to the entire body."

Although Dr. Kocheril burns actual heart tissue, the procedure does not damage the heart's ability to function. "Most people who suffer from these arrhythmias are born with an extra pathway. So when we go in and burn the tissue, you don't lose anything. As far as we can tell, you don't need it. In fact, it is a liability to have it," he said.

The procedure has been performed on patients as young as 5. But doctors treat children most often with medication except in serious cases. "There is a possibility of kids outgrowing the Wolff-Parkinson-White Syndrome. If the problem is not very serious, especially in the case of a child, then they would be left alone. We wouldn't do anything about it except prescribe medications as needed."

Dr. Kocheril is only one of three physicians performing the radio frequency ablation technique in Georgia. The technique has been used clinically for about five years.

The shock treatment method is obsolete because it had variable success treating the problem and was risky for the health of the patient.

"Before radio frequency ablation came along, the alternatives were medications for life, which is not too great, or surgery," said Dr. Kocheril. "This is a way to avoid medications. And the success rate is around 95 percent." ■

—GLENN HUDSON

AlumNews

Chancellor Propst Announces Retirement

Dr. H. Dean Propst, chancellor of the University System of Georgia for the past eight years, will retire March 1.

"The time has come for change in my professional and personal life which, in turn, will bring change to the university system in the form of new ideas, new leadership," Dr. Propst wrote in an Oct. 19 letter of resignation to Board of Regents Chairman Barry Phillips.

Although March 1 marks his official retirement date, Dr. Propst left office Dec. 31 and will use accumulated vacation time for January and February.

"The Board of Regents regrets this decision, but we understand his desire to assume a less hectic pace at this juncture in his life," Chairman Phillips said. "We tried to persuade him to reconsider, but I regret we were unsuccessful."

Dr. Propst joined the university system in 1969 as dean of the college and professor of English at Armstrong State College in Savannah. He was promoted in 1976 to vice president and dean of faculty.

In 1979, Dr. Propst joined the Regents Central Office as vice chancellor for academic development and was later named executive vice chancellor, the second-highest post in the university system. The Board of Regents elected him chancellor in 1984, and he assumed the post July 1, 1985.

In his term, Dr. Propst presided over the most rapid growth and development in the university system's 61-year history. Student enrollment grew by half and broke records for eight consecutive years. Early figures show Georgia's public colleges and universities enrolling more than 200,000 students this fall, making Georgia the fourth-largest public system of higher education in the country.

Also during Dr. Propst's tenure, external funding for the system grew by 48 percent and state appropriations increased 54 percent. He also helped secure $870 million in funds for construction and renovation at the system's 34 campuses, resulting in a massive building program to accommodate growing enrollments and new programs.

Dr. Propst's other accomplishments included the Special Funding Initiative, a program designed to improve teacher training, increase the number of nursing graduates, enhance equipment and technology and help business and industry through special development centers.

"Since I joined the staff in 1979, I have had the opportunity to serve with 37 regents who illustrate the highest ideal of public service," Dr. Propst wrote in his letter of resignation. "I shall forever treasure my having had that opportunity." ■

Faculty Campaign Nets $213,560

Medical College of Georgia faculty contributed some $213,560 to the institution during a 1993 fund-raising campaign.

The Faculty for the Advancement of Clinical Care, Teaching and Science (FACTS) campaign was initiated in 1992 to familiarize faculty with the MCG Foundation and to raise funds to benefit the university. Sixty-three percent of the faculty participated in the 1992 campaign, donating almost $210,000.

This year, at least half of the faculty from each section (administration, hospital and clinics and each of the five schools) participated, and 100 percent of the hospital and clinics faculty participated.

All donations are funneled through the MCG Foundation, a non-profit corporation that serves the needs and interests of MCG and promotes the institution's well-being. The foundation has

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The MCG School of Medicine Alumni Association sponsored a brunch for freshman medical students Aug. 20 at the Old Medical College.

Alumna Specializes in Human Touch

Ingrid Heggoy

Whether it's medical information, a friendly ear or compassion they need, Kay Bingham is willing to give her patients whatever she can offer.

"I believe what patients want, what I want when I'm a patient, is not only someone to give you good care, but also someone to care about you," said the 1988 graduate of the physician assistant program at the Medical College of Georgia. Ms. Bingham is the HIV/AIDS coordinator at the Department of Veterans Affairs Medical Center, and works closely with patients in the infectious–disease clinic.

"I think it boils down not only to medical care, but also the human touch," she said. "I can't do everything for the patients; I need to help motivate them to care for themselves.

"Helping patients when they're dying is a part of helping patients when they're living. Sometimes, for some illnesses, you can offer a cure; other times you offer support and empathy."

Her job entails a vast number of duties in her position as liaison between physician and patient. She spends many of her days in the outpatient clinic helping to care for patients. She is available for patients to talk with and she is a point of contact to other resources. She reviews consultations and patient records, follows up on test results, and helps keep up with patient documentation and scheduling. She also is responsible for handling and storing any HIV test reports ordered at the VA.

Choosing to take the position and to work with chronically ill patients was something she thought carefully about.

"I really had to agonize over whether or not to take this position," she said. "I prayed about it. I really had to wrestle with some of the issues, such as dealing with a patient population which is sometimes stigmatized, and some of whom have lifestyles that are not what I would choose.

"I decided to come here because these are people, and they have a horrible illness, and maybe I can help them in some way. These are people, like the rest of us: they have hopes, they have fears and they have needs.

"I realize some people still have an 'us' vs. 'them' attitude about AIDS," she said. "But I think that's awfully short-sighted. It's a disease. It's possible for anyone to get it. There is no us or them. We're all people, and some of us are sick."

While Ms. Bingham always felt she had a calling to help people, it took her some time to find her place in the health-care profession. After earning a degree in chemistry, she was accepted to medical school, and attended one year. But an illness caused her to fall behind, and after she took a leave of absence, she decided not return.

"I suppose I'm still listed as a leave of absence from Bowman Gray, since 1969," she joked. While on leave, she married her high school sweetheart, who was promptly drafted into the Army. She worked in several different fields, including as a secretary, a medical researcher, a laboratory technician, a medical assistant and as English teacher.

Her husband is now a church rector, and after their three sons reached school age, Ms. Bingham decided to return to school. She decided on the physician assistant program at MCG.

"I decided that I just didn't think I wanted to go back to medical school after all those years," she said "I found the P.A. program very warm and accepting. They saw me as a person, and it just clicked. And they were willing to help me, a non-traditional student, work it out.

"One of the things I'm grateful for in my training at MCG was a course called psychosocial issues. I think there's an important connection between the medical and social aspects of my field– I suppose that ties in with my belief of a holistic approach, of treating the person, not just the illness.

"I think that the P.A. profession and allied health as a whole has realized that we, the mid-level care-givers, have a special niche, in that we can help tie together the technical and the caring aspects in health care." ■

MCG's respiratory therapy department hosted a reception Oct. 7 in observance of Respiratory Therapy Week Oct. 2-9.

Dr. Carrasco Named Fellow

Ingrid Heggoy

Dr. Ricardo C. Carrasco, chairman of the Department of Occupational Therapy at the Medical College of Georgia, has been named a fellow of the American Occupational Therapy Association.

Fellowship in the association is designed to recognize members who have made significant contributions to the education and professional development of others in the field. He was honored for his creative blending of teaching, practice and research in occupational therapy.

Dr. Carrasco joined MCG in 1983. He served as fieldwork coordinator for two and a half years before becoming chairman in December 1992.

He received a doctorate in neuropsychology and occupational dysfunction from Union Graduate School, The Union Institute, in Cincinnati. He earned a master's degree in education and a bachelor's degree in occupational therapy from the University of the Philippines. He also received a bachelor's degree in commerce from San Beda College and an elementary teacher's certificate from Pasig Catholic College, both in the Philippines. ■

Talley Dadian, president of the CSRA Dental Hygiene Society and assistant professor of dental hygiene at MCG, smiles as Augusta Mayor Charles DeVaney proclaims October National Dental Hygiene Month.

Ms. Creel Joins OT Faculty

Ingrid Heggoy

Teru A. Creel has joined the faculty of the Department of Occupational Therapy at the Medical College of Georgia as fieldwork coordinator and assistant professor.

Ms. Creel, a registered and licensed occupational therapist, comes to MCG from Glancy Rehabilitation Center in Duluth, Ga. She also has served as faculty for the collaborative MCG, NovaCare and Georgia Occupational Therapy Association's Self-Paced Instruction and Clinical and Educational Supervision Fieldwork Supervisor seminars. Her areas of interest and expertise include physical dysfunction and health-care administration. In previous occupational therapy and administrative positions at Northeast Georgia Medical Center and Emory University Hospital, she also was responsible for supervising level II fieldwork occupational therapy students. Ms. Creel earned a master's degree in health-care policy and administration from Mercer University and a bachelor's degree in occupational therapy from MCG. She is vice president of the American Occupational Therapy Association and serves on its Roster of Accreditation Evaluators. ■

New Master's Program Approved

Christine Hurley Deriso

The University System of Georgia Board of Regents has approved a master of science program for allied health students at the Medical College of Georgia.

The program went into effect immediately after the regents' approval in October.

"We began enrolling students during the summer as special students awaiting approval of the new program," said Dr. Nancy Prendergast, associate dean for academic affairs in the School of Allied Health Sciences. Eight students are enrolled.

MCG has offered a master's degree in health education since 1974, "but the emphasis of that degree is education," Dr. Prendergast. "The emphasis of the new degree is research, and it is an interdisciplinary degree."

Students in the new program must complete a research project and thesis to graduate, she said. Their faculty consist mainly of allied health sciences faculty with appointments in the School of Graduate Studies.

The program will respond to the needs of the profession as well as students, Dr. Prendergast said. "I think it will meet a number of needs, not only of students, but of practitioners and researchers as well," she said. "It addresses the interest on the part of practitioners for more advanced work in science in their discipline." ■

Class Notes

Mary Fitzgibbons Williams (PT, '78) is a physical therapy supervisor at Providence Hospital in Anchorage, Alaska. She has bought a house and a huskie and has decided to make Alaska her home.

School of Allied Health Sciences Alumni Association Officers, 1993-94

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Dentistry

Dental Program Provides Boost for Army

Glenn Hudson

A 12-year relationship between the U.S. Army and the Medical College of Georgia School of Dentistry has provided military dentists with access to the most up-to-date training and research opportunities.

Maj. Gen. Thomas R. Tempel, then director of the Army Graduate Dental Education Program at Ft. Gordon, and Dr. Thomas Dirksen, associate dean for research, continuing education and graduate education at the MCG School of Dentistry, helped found the program in 1982 to promote dental education, training and service.

Residents at the Ft. Gordon Dental Activity pay tuition and attend classes at the MCG School of Dentistry while receiving their residency training at Ft. Gordon, just south of Augusta. They receive instruction in periodontics, prosthodontics, endodontics and clinical investigation. The residents also have the option of earning their master's degree in oral biology through the MCG School of Graduate Studies.

"It improves the caliber of dentists in the Army," said Col. John Agar, commander of the Ft. Gordon Dental Activity. "The quality of care our troops get is directly related to the quality of education our residents receive, and MCG helps with that. Right now, we've got the healthiest relationship you could ask for. I just can't imagine a better situation."

The residency program also gives the Army a recruiting tool for those who want to combine dentistry with a military career. "This is absolutely an area where we can focus on recruitment for the military. The articles our residents write and the meetings where we present research enhances our image and our reputation," he said. Ft. Gordon residents' research efforts have resulted in more than 50 publications in refereed dental journals since 1982.

Retention is another factor in the residency program. "An extra benefit of this is it serves as a motivational tool for dentists in the service. If they are interested in specialty training, they can get in our program and stay in the Army rather than go into civilian life," said Col. Patrice Primack, head of the Army's only endodontic residency program.

The reputation of the Ft. Gordon Dental Activity and its relationship with the MCG School of Dentistry have helped Ft. Gordon become the primary Army installation for specialty training, Col. Agar said. "One of our biggest assets is our relationship with MCG."

"The residents at Ft. Gordon can take advantage of the equipment we have at the MCG School of Dentistry that they don't have," said Dr. Dirksen. "This gives us more use out of the equipment and it saves the taxpayers money."

Many of the Army staff doctors at Ft. Gordon hold clinical faculty appointments in the MCG School of Dentistry Department of Oral Biology. This gives them access to the latest research and developments in the field of dentistry at MCG. ■

2 Named Consultants to Dental Commission

Two members of the Medical College of Georgia School of Dentistry faculty were recently named consultants to the Commission on Dental Accreditation.

Beginning with the October 1993 annual session of the American Dental Association, Dr. Steven Adair, chairman of the Department of Pediatric Dentistry, and Dr. Carole Hanes, director of undergraduate pediatric dentistry clinics, will function as evaluators of dental school curricula in the process of dental school accreditation for the commission, sponsored by the American Dental Association.

This will be Dr. Adair's second term as an accreditation consultant. ■

Dr. Hanes Given Teaching Award

Glenn Hudson

The Medical College of Georgia School of Dentistry faculty has presented its Teaching Excellence Award to Dr. Philip Hanes, associate professor of periodontics and oral biology and director of the postgraduate periodontics program.

Dr. Hanes will receive a $1,000 one-year salary supplement and a $1,000 teaching grant which can be used to support his teaching efforts at MCG.

Selection of the award is based on knowledge and clinical skills, teaching skills, teaching methods, professionalism and impact on students.

"Dr. Hanes is an exemplary teacher who demonstrates a genuine interest in the academic and personal welfare of students," said Dr. David Myers, dean of the MCG School of Dentistry. "He instills students with the capacity to perform self-evaluations. And, this reflects his desire to shape students into professionals who will be assets to the profession as well as society."

"I was surprised because I knew there was a lot of other faculty that were being considered for the award," said Dr. Hanes, who has been teaching at MCG since 1986. "It is a real honor to receive this award because it is something that is given to you by your peers." ■

Dental Student's Crown Helps Her to Spread Message

Glenn Hudson

Julie Howard grew up in a family that was used to helping people. When she entered the Medical College of Georgia School of Dentistry in 1992, she continued the tradition of five generations of family members to enter the medical profession.

Now, as the 1993-94 Miss Augusta, the sophomore dental student has a forum for her own message: to raise awareness of dental health care and the need for children's hospitals.

Ms. Howard, 23, began performing at an early age. When she was 6, she won the Georgia state baton-twirling championship. She grew up participating

1993-94 sophomore dental student Miss Augusta Julie Howard

in beauty pageants, even though she wasn't happy with the way she looked.

"I had the ugliest teeth in the world when I was 13," she said. "I was real timid about smiling."

That is why the main focus of her dental practice will be to give people back their smiles. "I hated the feeling of not being able to smile, and I would hate for someone to feel the same way," she said. "People (who don't like their teeth) can get depressed and they won't smile and they won't laugh. I've always grown up around people who were helping others. I want to help people smile."

When she graduates, she will join her father, Dr. John Howard, a 1972 graduate of the Emory University School of Dentistry, to form the only father-daughter practice in Savannah.

Now she is preparing for her second trip to the 50th annual Miss Georgia pageant, June 22-25, in Columbus, Ga. She is working closely with Dr. David Myers, dean of the MCG School of Dentistry, to develop a dental health education program for schoolchildren. She also is using her position to spread the word about the need for more children's hospitals throughout the country.

Miss Howard is participating in pageants for the money as well. She hopes to earn enough scholarship money participating in pageants to graduate from dental school debt-free.

Miss Howard says the pageants haven't taken too much of her study time. "It's all about time management," she said. "And, it takes my mind off school for a while. I know a lot of the contestants. The Miss Georgia pageant is the only time of year we get to see each other."

Her favorite part of the competition is the talent contest. "I sing because it allows me to show people what I can do other than dentistry," she said. "It's very emotional for me because the song I sing says a lot about me."

And, if you think that Miss Augusta is too busy to focus on winning the Miss Georgia pageant, you're wrong. "A lot of it is just having fun. But I definitely want to win." ■

Alum's Technique Helps Sealing Process

Glenn Hudson

Dentists agree that a proper seal is the single most important factor determining the success or failure of endodontic treatment. The problem is that you can't seal what you can't see.

Dr. David Dickey, a 1978 graduate of the Medical College of Georgia School of Dentistry, practices a technique that he says greatly increases the chance of successfully sealing a root canal or fracture in a tooth by using a microscope. "It improves your chances of success because it improves your ability to totally seal a canal space," said Dr. Dickey, a partner in Augusta Associates of Endodontics in Augusta.

Dr. Dickey, who learned the technique from Dr. Gary Carr in San Diego, is helping to pioneer adaptation of a microscope for use in the dental clinic.

"A microscope adapted to dentistry gives us improved visibility, superior lighting and improved confidence," Dr. Dickey said. "All this adds up to better technical skills. And when you have better skills, you are going to have better results."

Dr. Dickey uses the microscope to improve his vision during a procedure and record the procedure for patient records and referring dentists. "We can make slides, videos or photographs to keep a visual record of the patient," said Dr. Dickey.

Another strong selling point for using a microscope is the quicker healing time, he said. Dr. Dickey uses the microscope when suturing a patient. The scope enables him to place the sutures away from the incision. After applying citric acid to the site to promote the growth of fibroblasts (large cells that promote the formation of fibers), Dr. Dickey can remove the suture 24 to 48 hours after surgery. He uses his feet to change magnification and focus, so his hands are free to work on the patient.

Dr. Dickey uses two dental assistants when using the microscope. One assistant uses a second pair of binoculars on the microscope to aid Dr. Dickey with suction while the other watches the procedure on a monitor and handles the dental instruments and supplies. ■

School of Dentistry Alumni Association Officers, 1993-94

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Dr. Kirby Awarded Visiting Professorship

Toni Baker

Dr. Margaret L. Kirby, Regents professor of cellular biology and anatomy and pediatrics and director of the Heart Development Group at the Medical College of Georgia, has been awarded a visiting professorship at the University of London's Institute of Child Health.

She has been appointed the Sir Clavering Visiting Professorship beginning Feb. 1.

Dr. Kirby, who heads an MCG research team studying the cause of heart defects in children, will spend six months exploring with London researchers a class of genes that tells cells where they came from and their job in the developing embryo. She will focus on the cells involved in forming the heart.

Dr. Kirby joined the MCG faculty in 1977. She is a fellow of the American Association for the Advancement of Science, a member-at-large of the executive committee of the American Heart Association's Council on Basic Science and a member of the editorial board of the journal *Circulation*. ■

Dr. Margaret Kirby

Dr. Nosek Named Committee Chairman

Christine Hurley Deriso

Dr. Thomas M. Nosek, professor of physiology and endocrinology at the Medical College of Georgia, has been named chairman of a nine-member steering committee serving the Muscle Physiology Group of the American Physiological Society.

Dr. Nosek also will represent the group's Program Advisory Committee. His functions will include chairing the annual meeting of the advisory committee; organizing the oral presentations and poster sessions in muscle physiology presented at the annual Experimental Biology Meeting of the Federation of American Societies for Experimental Biology; soliciting ideas for and coordinating the organization of muscle symposia at the annual Experimental Biology Meeting; and representing the 1,000-member Muscle Physiology Group at the annual meeting of the Program Committee of the American Physiological Society.

Also, Dr. Nosek's research of muscle fatigue has been awarded an almost $1 million grant from the National Institute of Arthritis and Musculo-skeletal and Skin Disease of the National Institutes of Health. This research, headed by Dr. Nosek in MCG's Biophysics Research Group, has been funded by the National Institutes of Health for five years. Co-investigators of the study are Drs. Jack M. Ginsburg, Robert E. Godt and Ralph C. Kolbeck. ■

Dr. Caldwell Named Section Chair

Dr. Ruth B. Caldwell, associate professor in the Medical College of Georgia Department of Cellular Biology and Anatomy, has been appointed chairperson of the Visual Sciences C Study Section of the National Institutes of Health (NIH).

The section reviews research proposals submitted to the National Eye Institute of the NIH, a federal agency that is the world's largest funding source for biomedical research.

Dr. Caldwell has been a member of Visual Sciences C Study Section since 1990 and will serve a two-year term as chairperson.

The MCG researcher's own work focuses on the retina, studying the cause of leakage of blood from inside blood vessels that can result in vision loss, such as with diabetes or retinal deterioration that comes with age. Her laboratory has developed a cell culture model for testing hypotheses about how this leakage occurs.

Dr. Caldwell came to MCG in 1988 from the University of Tennessee, Memphis.

She is a reviewer for the journals *Investigative Ophthalmology* and *Visual Science, Experimental Eye Research, Current Eye Research and Microvascular Research.* ■

Intracellular Study Shedding Light on Diabetes

Toni Baker

Dr. Roberto A. Calle wants to better understand the basic body process of insulin production, which enables glucose to enter cells and fuel vital organs and tissue.

His focus is on pancreatic cells which sense that glucose, or the sugar level, in the blood is high and signal insulin production in response.

Dr. Calle, an endocrinologist at the Medical College of Georgia Institute of Molecular Medicine and Genetics, is probing the normal intracellular process that leads to proper insulin secretion so he can better understand what might go awry in the complex disease of adult onset diabetes.

Five percent to 10 percent of the population has diabetes; 95 percent of the cases are type 2, or adult onset diabetes, in which the body uses insulin inefficiently. The initial effects can be dizziness, excessive thirst, dehydration and excessive urination. Longer term, major organs can be damaged and even fail.

"We know there is a problem with communication when we look at the way (insulin) is secreted by the diabetic. It's not secreted normally; both the timing and the magnitude of the insulin secretion are abnormal," said Dr. Calle.

Normally, the pancreas produces insulin in response to glucose in food. But even before the first bite, smelling or even thinking about food triggers the brain's release of humoral messengers to signal the pancreas that food is on the way. But beta cells, pancreatic cells which are vital to insulin production, are programmed to withhold insulin production until food is actually eaten.

"Beta cells are the machinery that sense the glucose (and) the other humoral messengers, and they have the machinery to produce the insulin and secrete it, so they are key," Dr. Calle said.

Cell communication within the beta cells is even more complex. Levels of calcium—a secondary messenger inside the beta cells—help determine when and how much insulin is released. Other secondary messengers, such as cyclic AMP, also affect how much insulin is released.

"Everything is interrelated," Dr. Calle said. "Before we can tell what mechanisms of communication are not working properly in the beta cell, and not allowing it to respond properly, we have to understand fully what those mechanisms are. And, the fact is, we only have a partial knowledge of those."

Over the last three years, Dr. Calle has focused on one secondary messenger inside the beta cell: protein kinase C, proving its role in glucose-induced insulin secretion. His studies have shown that protein kinase C, like cyclic AMP, has an important role inside the beta cell and in maintaining proper insulin levels in the body.

Characteristics of protein kinase C may explain certain responses of the beta cell considered important to insulation secretion. "We see a potential link in protein kinase C and some types of diabetes, but we are far from making the connection," Dr. Calle said.

"Showing that (protein kinase C) is in the beta cells and is important in glucose-induced secretion is barely the first step. Now we have to find out what it does to contribute to insulin secretion," Dr. Calle said.

Using animal models, Dr. Calle studies clumps of beta cells, stimulating them and measuring resulting insulin secretion. At the same time, he observes protein kinase C and other secondary messengers, determining when they are active.

"We know there has to be more than one messenger for the beta cells to do their job," Dr. Calle said. He believes at least four of the key messengers that help beta cells stimulate insulin secretion have been identified: calcium, cyclic AMP, phospholipids and, now, protein kinase C.

"They are all important. How do they interact? What is their relative importance and how do they help each other to really bring about normal insulin secretion? That's what we are studying now." ■

Graduate Students Honored for Research

Christine Hurley Deriso

Several Medical College of Georgia graduate students were honored recently for their research.

The students' research projects were judged by a faculty panel during Graduate Student Research Day Oct. 29, an annual event enabling undergraduates interested in science to tour the institution and for MCG graduate students to present their research.

Winners of Excellence in Research Awards, their departments, their research titles and faculty advisers are:

- Hsi Chiao; pharmacology; "Local Cardiac Effects of Substance P and its Role in Myocardial Dysfunction During Postischemic Reperfusion;" Dr. Robert W. Caldwell.
- Chih-Wei Chang; cellular biology and anatomy; "Cell Culture Model for Testing Permeability of Retinal Pigment Epithelial Cell Barrier;" Dr. Ruth Caldwell.
- Vallire Hooper; graduate nursing; "Use of a PACU Pain Assessment Tool: A Pilot Study;" Dr. Virginia Kemp.
- Gloria Mora; endocrinology; "Androgen Regulation of ARmRNA in Rat Ventral Prostrate is Protein Synthesis Independent;" Dr. Virendra B. Mahesh.
- Andreas Papapetropoulos; pharmacology; "Accumulation of Guanosine 3', 5'-Cyclic Monophosphate (cGMP) in Cultured Smooth Muscle Cells from Hypertensive and Normotensive Rats;" Dr. John D Catravas.
- Jian Wei; pharmacology; "Alteration in the Expression of Central Muscarinic Receptors in the Spontaneously Hypertensive Rat;" Dr. Jerry J. Buccafusco.

Venetia Zacharious, a pharmacology student, was awarded the Sigmi Xi Award for research titled "Kappa-opioid receptor stimulation inhibits substance P (SP) release in the dorsal horn both tonically and during a noxious thermal stimulus," supervised by Dr. Barry D. Goldstein.

John C. Morgan, a student in cellular biology and anatomy, won the August Roesel Award for research titled "A Strategy for Misexpression of N-Cadherin in the Developing Chicken Optic Tectum." His faculty advisors are Drs. Deni Galileo and Paul McNeil. ■

Class Notes

Melody Heffline (MSN, '90) is a clinical nurse specialist in the postanesthesia care unit and outpatient surgery of Richland Memorial Hospital in Lexington, Ky. She has published three articles since graduation; traveled nationwide giving lectures on various postanesthesia topics; and is serving her third year as chairman of the American Society of Postanesthesia Nurses Research Committee.

Dr. Kirch Named Dean of School of Medicine

Toni Baker

Dr. Darrell G. Kirch, acting scientific director of the National Institute of Mental Health, has been named dean of the Medical College of Georgia School of Medicine.

Dr. Kirch's appointment was approved Oct. 13 by the University System of Georgia Board of Regents. The 44-year-old psychiatrist is scheduled to begin his new duties Feb. 15.

"Dr. Kirch was selected because he has distinguished himself as an effective administrator as well as a very positive and innovative decision-maker," said Dr. Francis J. Tedesco, MCG president.

"I think he possesses the training, experience and temperament to attract and retain requisite faculty, staff and students. I think his background, both in education and in research, fits perfectly well into our move to expand our research mission as well as enhance our educational missions, including our commitment to the primary-care initiative."

"I am enormously excited," Dr. Kirch said. "As I made my visits to Georgia, everything I learned increased my feeling that this is an exceptionally strong institution. It has a rich tradition and is very well–positioned to be a leading academic medical center as the nation faces the challenges of health-care reform."

Dr. Kirch fills the position vacated by Dr. Gregory L. Eastwood, who left MCG Dec. 18 to become president of the State University of New York Health Science Center at Syracuse. Dr. Charles H. Wray, MCG vice president for clinical activities and vice chairman of surgery, has served as interim dean.

Dr. Darrell G. Kirch

Dr. Kirch has been associated with the National Institute of Mental Health for more than a decade. After completing his medical education at the University of Colorado School of Medicine in 1977 and his psychiatry residency at the University of Colorado Health Sciences Center in 1982, he joined the institute as clinical research unit administrator for the adult psychiatry branch in Washington, D.C.

His subsequent positions with the institute have included chief of the Schizophrenia Research Branch from 1989 to 1991, acting deputy director of the Division of Clinical Research from 1990 to 1991 and chief of the Unit of Neurobehavioral Studies at the institute's Neuroscience Center at St. Elizabeths Hospital in Washington, D.C., from 1989 to 1992.

He served as associate director for clinical neuroscience for the institute's Division of Clinical Research and deputy director of the Division of Clinical Research from 1991 to 1992.

Dr. Kirch was named deputy scientific director of the institute in October 1992 and became acting scientific director in March 1993. ■

Abdominal-Wall Cover Found Effective for Adults

Toni Baker

An inert plastic sheet used to temporarily cover gaping holes in babies' abdominal walls also helps adult trauma patients, say trauma surgeons at the Medical College of Georgia.

A study of 36 patients at MCG's Regional Trauma Center showed no complications from the use of this paper-thin silastic sheeting as a temporary cover to protect the delicate, moist environment inside the abdomen. The sheeting was used for patients whose abdominal walls became difficult to close after massive internal injuries resulted in extensive swelling.

Findings on this select group of critically ill patients were presented at the International Society of Surgery's International Surgical Week 1993 Aug. 22-27 in Hong Kong.

"In this very select group of trauma patients, the blood loss is so massive that it took large volumes of fluid and blood products to resuscitate them and maintain their blood pressure and organ function, (resulting in) a syndrome called visceral edema," said Dr. Thomas R. Howdieshell, MCG trauma surgeon and principle investigator of the studies presented in Hong Kong. Dr. Howdieshell is a 1982 graduate of the MCG School of Medicine who also completed his surgery training at MCG in 1987 before going to the University of New Mexico for a trauma fellowship.

"Not only do their arms and legs swell, their intestinal tract massively swells. You try to close the abdominal wall back over this intestine and you can't do it," Dr. Howdieshell said. "If you try to force the wall shut, the increased pressure can compromise breathing and cause the kidneys to fail."

During his tenure as a trauma surgeon, he's tried many approaches, including cutting up large, plastic intravenous bags, to find a safe, effective closure to keep the delicate gastrointestinal tract safe until swelling subsides.

He thought of the silastic sheeting because of pediatric surgeons' experience using it to temporarily cover the gastrointestinal tract of babies born without sufficient abdominal wall.

"It's almost like a piece of plastic," Dr. Howdieshell said. "It's actually a piece of dacron mesh that is reinforced with silicone rubber. If you pour water on it, it bounces off. The mesh makes it strong so it won't rip apart, but the silicone rubber makes it inert and impermeable."

The adults treated with the mesh had injuries resulting from traumas such as gunshot wounds or automobile accidents. They were in shock, bleeding profusely, and needed immediate high volumes of fluid and blood products to sustain their blood pressure and organ function, Dr. Howdieshell said.

But ironically, shock also sets in motion a host of inflammatory responses; one of them makes the capillaries more permeable. So these patients get huge volumes of fluid and blood products that eventually flow into capillaries from which they

can easily escape. That means patients need even more fluid to keep blood pressure up and organs working.

"Swelling can be immediate or can occur at subsequent operations," Dr. Howdieshell said. "In most patients it occurs immediately and is progressive."

The result is that there simply isn't enough tissue to cover the swollen intestinal tract. But the gastrointestinal tract, which needs an extremely moist environment, cannot be left exposed either.

"If you leave the gastrointestinal tract exposed to air, it will become irritated, dry out and perforate," Dr. Howdieshell said. Even if wet dressings are used to cover the area and someone literally stands at the bedside constantly adding moisture, that will not suffice. "Wet dressings will stick to the outer lining of the bowel, no matter how wet you keep them.... Then when you go to take those off, it will irritate the outer covering of the bowel." Enough irritation means perforation. "It's a disaster," Dr. Howdieshell said.

For other patients, even if swelling resolves relatively quickly, there may be other major injuries, such as head trauma, that make it impossible to take the patient back to surgery and cover the gastrointestinal tract for several weeks.

In addition to the direct protection provided by silastic sheeting, it also causes, for reasons that are not clear, a thin protective membrane to grow over the gastrointestinal tract, Dr. Howdieshell said. This particularly helps patients for whom swelling never goes down sufficiently to close the abdominal wall normally. In these patients, this membrane can be used as a base for skin grafts to close the abdominal wall.

"Our intent was to report a large series of patients to show that, one, intestinal swelling or edema is a problem and, two, that you can save people who develop this problem and you can do it without making them horrible abdominal wall cripples," Dr. Howdieshell said.

Of the 36 patients in the report, 26 patients survived, but deaths were not related to abdominal closures, Dr. Howdieshell said. Nine died from multiple organ failure and one from uncontrollable bleeding. ■

Scholarship Program Helps Family Legacy to Grow

Christine Hurley Deriso

When Dr. James Sherman's large extended family got together during his childhood, the conversation eventually wound its way around to medicine.

His uncle, Dr. Harry Sherman, and grandfather, the now-deceased Dr. John H. Sherman (a former chairman of the Medical College of Georgia Department of Surgery), had lots of stories to tell. Their insights and anecdotes made a lasting impression on at least one of the children within earshot.

"We were all pretty close — cousins, aunts, uncles, grandparents." Dr. Sherman said. "I just kind of indirectly heard lots of stories."

After earning his undergraduate degree, Dr. Sherman, a native of Augusta, enrolled in the Medical College of Georgia School of Medicine in 1983.

During his freshman year, he learned that his family legacy of health care might be useful in more ways than one. He applied for a Descendant Award, a newly established scholarship program created by the School of Medicine Alumni Association. All scholarship recipients are descendants of School of Medicine alumni. Dr. Sherman wrote a letter to the scholarship committee, noting his commitment to medicine, his family legacy and his appreciation for the committee's consideration of his application. He was awarded the scholarship. He reapplied each year of medical school and was re-awarded each time.

"It meant a great deal to me," said Dr. Sherman, a general surgeon who joined his uncle Harry's Augusta practice after completing his residency at MCG. "I'm very grateful to the alumni association. And I'm now a dues-paying member myself, so I'm trying to help other students the way I was helped."

"The scholarship program has been very well-received," said Dr. Lois T. Ellison, chairman of the School of Medicine Alumni Association Scholarship Fund. "And it has far exceeded my expectations. The letters from recipients almost invariably say how much it's meant to them and how much they want to help students the same way. They seem so appreciative of the support they've received in pursuing a medical career."

And although need is a factor in the selection process, "their records are just amazing," Dr. Ellison said. "The majority of them are in Phi Beta Kappa. They're outstanding students. This is something for alumni to be extremely proud of. I think we can point with pride to the descendants of our alumni."

The program's success has since spawned the Alumni Scholar Award program, based solely on merit.

The health-care legacy in the Sherman family continues to grow. Dr. Sherman's wife, Jo

Dr. James Sherman

Anne, is a resident in internal medicine at MCG. Her brother also is enrolled in the School of Medicine, and Dr. Sherman's cousin, Harry Sherman Jr., is on faculty in the Department of Anesthesia. ("Oh, and my mother worked as a nurse at the hospital for several years," Dr. Sherman added.)

As was true in his childhood, the family trademark makes for lively conversations when they all get together, he said. "It's kind of fun. We're all different specialists, so you can get different views and discuss things you don't know much about."

And he's never regretted his career choice. "Since I've gotten into surgery, I really feel it's what I was meant to do," he said. "I can't imagine doing anything else." ■

Dr. Wynn Named General Surgery Chief

Toni Baker

Dr. James J. Wynn, transplant surgeon and a 1980 graduate of the Medical College of Georgia School of Medicine, has been named chief of general surgery at MCG.

General surgery includes the sections of gastrointestinal surgery, surgical oncology, vascular surgery, trauma/surgical critical care and transplant surgery.

Dr. Wynn completed his general surgery training at MCG in 1986 and a one-year fellowship in transplantation surgery at the University of Florida School of Medicine in 1987 before joining the faculty as an assistant professor and member of the kidney transplant team. He was a visiting assistant professor of surgery at the University of Wisconsin School of Medicine for the first half of 1992 before returning to MCG to expand the transplant program to include kidney-pancreas transplants.

Dr. Wynn is president and past secretary, treasurer and vice president of the South-Eastern Organ Procurement Foundation and a member of the group's Scientific Projects Committee and Executive Committee. He is a member of the Southeastern Kidney Council's Medical Review Board and the Georgia Kidney Disease Advisory Committee. He is on United Network for Organ Sharing's Education and Membership and Professional Standards Committees and is associate regional counselor for the network's region III, which includes Georgia, Florida, Alabama, Mississippi, Louisiana and Arkansas.

He is a fellow of the American College of Surgeons and a member of the American Society of Transplant Surgeons, the Association for Academic Surgery, the Georgia Surgical Society, the American Medical Association and the Southern Medical Association. ■

Class Notes

Dr. Grady Hendrix, Mt. Pleasant, S.C., married Dr. Marilyn Corley Feb. 3, 1993.

Dr. David H. Conner ('51), Eastman, Ga., recently was honored by Dodge County Hospital upon his retirement after 40 years of practice in the community.

Dr. James L. Cross ('55) has moved to Cherokee County, Ga., after 29 years of Ob/Gyn practice in Atlanta.

Dr. Tony Heffernan ('55), Savannah, Ga., has retired after 37 years.

Dr. Charles E. Waller ('62) retired from a surgery practice in Anderson, S.C., in 1990.

Dr. Benjamin H. Wofford Jr. ('62) has been elected president of the South Eastern Society of Plastic and Reconstructive Surgeons.

Dr. William G. Cutts ('65) has been appointed medical adviser for the Georgia Basic Life-Support Subcommittee of the Emergency Cardiac Care Committee, Georgia affiliate, American Heart Association. Dr. Cutts also has written and copyrighted "The CPR Rap," a song detailing the steps of CPR.

Dr. Peter G. Gilbert ('65), vice president of the Harbin Clinic in Rome, Ga., has been named president of the 200-member Georgia Urological Society.

Dr. Arthur C. Fleischer ('76), a radiologist at Vanderbilt in Nashville, Tn., has recently published two books on ultrasound: *Early Detection of Dvarian Carcinoma with Transvaginal Sonography* and *Color Doppler Sonography in Dbstetrics and Gynecology.*

Dr. Alan Olansky ('77), Newnan, Ga., is one of three doctors servicing the only dermatology clinic in Newnan. His skills include Mohs micrographic surgery, a technique that treats difficult skin cancers.

Dr. Patricia Watkins ('79), Augusta, is an assistant professor of clinical psychiatry at MCG and a consultant to the Augusta Regional Burn Center.

Dr. Manuel M. Pena ('81) is a plastic surgeon in Naples, Fla.

Dr. Carol Dawn Hanevold ('82), Charleston, S.C., married William Harleston Jr. July 17, 1993.

Dr. John LeRoy ('84) is a plastic surgeon in Chesapeake Bay County, Maryland.

Dr. Mark Frost ('85), Gainesville, Ga., is a psychiatrist with the Northeast Georgia Psychiatric Group.

Dr. J. Marshall Dent III ('86) practices Ob/Gyn at Florence General Hospital in Florence, S.C., with a special interest in high-risk obstetrics, infertility and advanced laparoscopic procedures.

Dr. Oscar Aguero ('87), Valdosta, Ga., has joined his father's practice at South Georgia Medical Center.

Dr. Virginia A. Karle ('87) recently joined the faculty of the University of Alabama's medical school at Birmingham. She is in clinical practice at the University of Alabama Hospital, Children's Hospital and Alabama, the Baptist Medical Centers and the Medical Center East.

Dr. Glenn R. King ('87) is a board certified family practitioner in Paulding County, Dallas, Ga.

Dr. Robert Bass ('88), Jacksonville, Fla., married Pamela Presser Sept. 18, 1993.

Dr. Willard Alexander Snyder Jr. ('88), Brunswick, Ga., is a member of the Southern Medical Association.

Dr. Wes Turton ('88), general an vascular surgeon, has returned to Cordele, Ga., to join Crisp Regional Hospital's medical staff.

Dr. Rebecca Vaughn ('88) practices dermatology at the Paulding Memorial Medical Center in Paulding County, Ga.

Dr. Joe Gaskins ('89) practices Ob/Gyn at Walton County Medical Center.

Dr. Hugh M. Gloster ('89) is completing a fellowship in Mohs micrographic surgery at the Mayo Clinic in Rochester, Minn. He is a member of the American Medical Association, the National Medical Association, Phi Beta Kappa, Alpha Omega Alpha and the Alpha Phi Alpha Fraternity.

Coast Guard Lt. Bruce E. Thomas ('89) recently reported for duty aboard the Coast Guard Cutter Eagle, homeported in New London, Conn. Dr. Thomas joined the Coast Guard in January 1987.

Dr. Pamela S. Miles ('90) has recently been certified by the American Board of Obstetrics and Gynecology.

Dr. James Smart Jr. ('90) married Lisa Ledford on June 12, 1993.

Dr. Jerry Kimble Williams ('90) married Terri Lyn Fox June 19, 1993. They live in North Carolina.

Drs. Keremy Jacobs and Aaron Curtis MacDonald ('91) were married in April 1993.

Capt. Donald Robert Jue, M.D. ('91) married Lisa Renee Hair on Dec. 18, 1993.

Dr. Mack H. Sullivan ('91), Washington, D.C., married Dr. Emily D. Hoff Aug. 13.

Dr. Cary Anne Cunningham ('92), Augusta, married Dr. Gregory Doyle Perry ('91) Sept. 4, 1993.

Dr. Jennifer LeBrane ('92) married David Albert Stewart on June 27, 1993.

Drs. Margaret E. Long ('92) and Eric A. Pfeifer married April 3, 1993. She is an obstetrician/ gynecologist and he is a pathologist. They live in Augusta.

Capt. John Gerard McManus, M.D. ('92) married Georgia Catherine Mallory July 3, 1993.

Dr. Roger Joseph Pede ('92), LaCrosse, Wis., married Debra Kay West on June 5, 1993.

Dr. Michelle Dee Cravey ('92) is completing a three-year residency in internal medicine at the University of Florida in Gainesville.

Dr. Mark Adam Baker ('93) married Amy Elizabeth Key Oct. 2, 1993.

Dr. Rhonda Marie Green ('93) married David Anthony Cornelius on June 12, 1993.

Dr. John Mark Gresham ('93), Columbus, Ga., married Candy Renee Alexander April 3, 1993.

Dr. Heather Lee MacAllaster ('93) married Patrick Bowen Kelly Sept. 12, 1993.

Dr. Diane Reddish ('93), Talladega, Ala., married Raymond Whitten Jr. Aug. 14.

Obituaries

Dr. Risden Tyler Allen ('45), 70, of Jacksonville, Fla., died June 24, 1992.

Dr. Halden Eugene Reese ('47) died July 29, 1993.

Dr. James C. Howell ('51), 69, of Jackson, Ga., died Dec. 17, 1992.

Dr. Cato Ray Ivey ('56), 61, of Warner Robins, Ga., died Dec. 11, 1992. He was certified by the American Board of Family Practice.

Dr. William Ralph Bottoms ('59), Cumming, Ga., died March 30, 1993.

Dr. Scott Douglas Reid ('85), 35, of Tampa, Fla., died Nov. 14, 1992.

Dr. William Thomas Charles ('88), 40, who was certified bythe American Board of Family Practice, died Dec. 7, 1992.

Dr. Lambert Named VP of Board

Dr. Vickie A. Lambert, dean of the Medical College of Georgia School of Nursing, has been named vice president of the Georgia Board of Nursing.

The board consists of eight members, seven of whom are nurses, appointed by the governor. The board licenses nurses, develops and enforces standards for nursing education and practice, evaluates nursing education programs and implements the disciplinary process in cases ofunsafe nursing practice. ■

Nursing Student Discovers Love of Getting Involved

Christine Hurley Deriso

When Susan Simon began her class in community nursing this past fall, she sensed a good match.

Ms. Simon, a senior in the Medical College of Georgia School of Nursing, has an easy smile and makes fast friends. She mixes well in different cultural settings and finds at least a trace of humor in most situations. Oh, and she loves kids.

The combination of characteristics has served her well in Dr. Saundra Turner's community nursing class, which exposes students to health care in a variety of settings throughout the community.

"I like to get out on the streets and not be cooped up inside," Ms. Simon said. Dr. Turner's class accommodates her preference several times over.

"In community nursing, the teacher wants us to scope out the community and bring a lot of resources together," Ms. Simon said. "It's very holistic." The class is divided into groups that address different aspects of community health care. Ms. Simon's group has worked with elementary schools, providing health assessments and sponsoring health fairs at the schools, among other things. They invite other community members to participate in the fairs as well.

"People come out and participate as volunteers — hospital representatives, Red Cross workers, firefighters, paramedics.... They all get a booth at the fair and talk about their work. It's nice that they take the time." Local businesses contribute refreshments. The students perform evaluations such as blood pressure and blood glucose tests, and the school nurse is on hand for consultation.

The fairs are held in the evenings, which makes for a rather hectic schedule after a day full of classes. But "we just figure the time into our schedule," Ms. Simon said.

She and her classmates also have to make time for other aspects of the class, including being paired with a family to assess its members' needs and match them with local resources. Ms. Simon's family consists of a single mother and her four children. Her goal is to arrange physical and dental examinations for the whole family within the year, and she assesses less tangible needs also. For instance, "I assessed socializing needs for the mother, who doesn't have much help and doesn't have many outlets for relaxation," Ms Simon said.

But she learned quickly that needs vary greatly depending on the individual. "You have to assess needs through the client's eyes. If it's not important to them, it's not a need for them."

She's enjoyed getting to know both the mother and her children. "It didn't take long for me to decide that I wanted to work with kids," she said. "It's like a different world. And in community nursing, you get the chance to work with an entire family."

Ms. Simon is especially motivated because of a slow start in pursuing her career. After her family moved to Augusta from Denver, Colo., in 1983, she half-heartedly enrolled in Augusta College. But she had other priorities and didn't rediscover her zest for education until a few years later.

"When I finally got into nursing school, it was no holds barred," she said. ■

The School of Nursing hosted a reception Nov. 5 to celebrate the induction of Dr. Gerald Bennet, associate professor of mental health–psychiatric nursing, as a fellow of the American Academy of Nursing. Dr. Vickie A. Lambert, dean of the nursing school, presents his pin.

Campaign... *cont. from page 7*

the power to acquire and hold property and funds to be administered exclusively for charitable purposes, primarily for the benefit of MCG.

Its 35-member board of directors governs the corporation. Foundation donations have been used to create benefits such as scholarships, fellowships and research facilities. ■

Ground Broken for New Research Facility

Christine Hurley Deriso

Ground was broken Oct. 25 for an $18 million interdisciplinary research facility at the Medical College of Georgia scheduled to open in February 1995.

"I am extremely proud of the Medical College of Georgia—what it has meant to the state and what it means now," said Dr. H. Dean Propst, chancellor of the University System of Georgia, during a ground-breaking ceremony. "But as we stand here today, we are clearly looking at the future. The research facility will position this institution to surpass its position as a regional center of excellence and become nationally known."

The facility, to be located next to the Carl T. Sanders Research and Education Building on Laney-Walker Boulevard, will have 120,000 square feet and will house MCG's centers for telemedicine and molecular medicine and genetics, among others. Its modular design will make it easily adaptable to changing needs, according to Dr. Francis J. Tedesco, president of MCG.

The facility will be funded through private and institutional sources and at no additional cost to Georgia taxpayers. "This facility is an excellent example of a private-public undertaking," Dr. Tedesco said. "MCG's ability to put together the funding package was maximized by strong support from the chancellor and the governor."

Georgia Gov. Zell Miller, a guest at the ceremony, lauded MCG for "taking the initiative and moving forward on this very impressive project.

"This facility will stimulate excellence and innovation by bringing scientists of different disciplines together. It will clearly strengthen the research capabilities of this institution," Gov. Miller said.

MCG is building on a solid foundation of research excellence, said Dr. Lowell M. Greenbaum, dean of the School of Graduate Studies and vice president for research, noting past research achievements including the development of fertility and beta-blocking drugs.

Dr. Greenbaum and other guest speakers also took the opportunity during the ceremony to applaud Dr. Propst's contributions to the university system. Dr. Propst recently announced his retirement. "Chancellor Propst is a warm, open person, a person of sincerity and quality who has done a great deal for the university system and for our institution," Dr. Greenbaum said. Dr. Propst was greeted by a standing ovation from the audience. ■

AlumNews

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Alumni! Let us know what's new with you by taking a moment to fill out this form. Also, please send us your curriculum vitae so we can keep your files up-to-date.

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Present specialty and place of practice or training

Professional news

Personal news (b&w photos welcome)

Please send to: Christine Deriso; Alumni Center FI-100; Medical College of Georgia; Augusta, GA 30912

To Dad With Love

When Simmie Griffin's kidneys failed, his family didn't.

His three children—Karen Sikes, Mark Griffin and Lynna Hilliard—wanted to be their father's kidney donor.

"There was no decision to make. It was the only thing to do," said his oldest daughter, Ms. Sikes.

The man who raised and loved his family in Glennville, Ga., had become a shadow of his former self. Years of high blood pressure had taken a toll on the man and his kidneys. He dropped from 160 pounds to 128. Days that once had been busy from sunup to sundown now stretched out like painful wastelands. "The most he did was get up and go to the bathroom, and that was an effort. He was actually dying," Ms. Sikes said.

"I wasn't able to do anything," Mr. Griffin said. He retired after 25 years as manager of a farming supply store because he had to, not because he was ready. "I had one foot in the grave when they put me on that dialysis machine."

And Mr. Griffin and dialysis didn't get along. He spent four hours every Monday, Wednesday and Friday hooked to a machine that cleared toxins and excess fluid from his body. He needed a whole day off in between to physically and mentally prepare for his next treatment.

So all his children were tested to see whose kidney their father's body would most likely welcome. When the call came from the Medical College of Georgia, "I started jumping up and down," Ms. Sikes said. Deep, deep inside a few thoughts stirred of 'What if?,' but so did the belief

Kidney recipient Simmie Griffin with daughter-donor Karen Sikes.

that everything would be OK.

Five years later, "I feel great. I'm getting old and sorry," Mr. Griffin said.

"It's wonderful. He does anything he wants to," his daughter-donor said.

So does she.

"We used to laughingly tell patients that the transplant surgeons used to have a 55-year age limit (for potential transplant recipients.) And that's true," said Dr. James J. Wynn, transplant surgeon and chief of general surgery at the Medical College of Georgia.

"But as the transplant surgeons approached 55, they realized that wasn't so old and the age limit evaporated. (Now) we look at physiologic age. There are patients in every age that fit. Some of the patients who I enjoy transplanting the most are people who have retired and put in a full, productive career and who have looked forward for many years to having a good time in their retirement and then they end up on dialysis three times a week. They can't travel and they can't do the fun things they wanted to do," said Dr. Wynn.

"The other crowd that really sticks out in your mind is all the patients who have been able to return to work. You admire them for trying to work on dialysis, but a lot of them can't because of time demands and because of the way they feel. But you can get them a kidney and restore their kidney function and make them vigorous again."

Dr. Arthur L. Humphries Jr. has vivid recollections of people who needed and deserved such help and hope: American soldiers in the Korean War who often lost their kidney function because of injury or shock. Dialysis, which didn't become generally available until the 1970s, wasn't even an option. The young men just died.

Meanwhile, Dr. Humphries was researching hand grenade refinements for the U. S. Army. "You can imagine that wasn't so exciting to a man like me who was trained to help people. So I talked them into letting me transplant kidneys into goats," Dr. Humphries said. His first goat patient lived 27 days after the transplant, three times longer than the average at the time for experimental transplants performed on dogs. "That was worth a paper right there. Once you write a paper, you want to write another paper..." He published his goat studies in "a little thing" that is today the journal, *Transplantation.*

A transplant surgeon was born.

Aug. 28, 1968, Dr. Humphries used those skills to perform MCG's first kidney transplant.

Tissue-typing to find the best match wasn't very sophisticated in those days. And it would be a good 15 years before the anti-rejection drug, cyclosporine, would come along, improving transplant success rates for kidneys and especially impacting on pancreas, heart, lung and liver transplants.

Imuran to suppress the immune system and prednisone to fight inflammation were the only drugs doctors had in the early battles to sustain transplanted organs. "A lot of patients can't take Imuran because it knocks their white (blood cell) counts down," Dr. Humphries said. "But in the old days, when you had somebody who couldn't take Imuran, you were up a creek because you didn't have cyclosporine to fall back on. So generally, you lost that kidney just because the patient happened to be sensitive to Imuran."

Only living-related donors were used at MCG those first few years to stack the deck as much as possible against rejection.

More than a quarter of a century and nearly 800 patients later, MCG has about a 98 percent one-year success rate when using a well-matched living related donor; the five-year kidney survival rate is 65 to 70 percent; the half-life is projected at 35 years. Nationally and at MCG, the one-year survival rate of cadaver kidneys approaches 90 percent.

"The first factor that explains the improved survival of cadaver donor kidneys and living donor kidneys would be just better matching of transplanted tissue with the recipient's body," said Dr. Allen Bowen, MCG transplant nephrologist. "Obviously the very best would be if you had an identical twin, but most people aren't lucky enough to have an identical twin."

Genetic information that largely determines rejection is found on the number-six chromosome. Everyone has two number-six chromosomes, one from each parent. "So by definition, you have one in common with either parent and one in common with any child," Dr. Bowen said, explaining why a family member is often the best choice for a donor.

Cyclosporine's arrival in the 1980s was a boon to the transplant business in general and reduced the need for an excellent match; some say maybe too much.

"With the advent of cyclosporine, people got a little cavalier thinking we could probably transplant anybody whether the kidney was well-matched or not, and there was a big debate over whether you need to properly match tissue in patients," said Dr. Laura Mulloy, MCG transplant nephrologist. "Now it's come full circle, and clearly, the best graft survival is with the best matched kidney.

"And immunosuppression early is the key," Dr. Mulloy said. "Most of the studies suggest that higher doses of immunosuppression early on prevent early graft rejection. That's why we hit them with a lot of medicines up front. It's very expensive and very potent, and it hammers their immune systems, but we do that for a reason."

"The frontier is better immunosuppression with fewer side effects and immunosuppression that will prevent chronic rejection—a slow, inexorable decrease in kidney function," Dr. Wynn said.

MCG's transplant team is working toward that goal, participating in clinical trials of new, hopefully improved versions of today's drugs, including cyclosporine G and a "super-Imuran" called mycophenolate that may help fight chronic rejection.

OKT3, a monoclonal antibody directed against the cells responsible for mediating rejection, became available in the late 1980s and can be given short-term to turn around a rejection episode.

A key element for future success which researchers haven't found a way to bottle is sufficient donors. "I think we need to be at a point where organ donation is viewed not as a heroic, altruistic gesture, but rather as a minimal, societal norm," Dr. Bowen said. "Perhaps the continued year-in, year-out public-information campaigns may at some time allow organ donation to be a cultural standard."

In America's hospitals each year, some 20,000 deaths result in potential major-organ donation; about half of those families are approached about donation and half of those agree.

Long-term studies indicate that living, related kidney donors don't jeopardize their longevity, insurability or employability. "People have a lot of redundant kidney function," Dr. Bowen said. "Patients tend not to become symptomatic with diseases that decrease kidney function until they are well below 20 to 25 percent of the normal mass. So when you remove one kidney and give it to your sister, you tend to feel like you did before."

A future source of major organs might be animals. Xenografting, the use of other species' organs to transplant into humans, is a real possibility in the next decade, Dr. Bowen said. This includes developing a genetically engineered pig with kidneys much like man's.

Work is progressing that Dr. Wynn believes will lead to an early therapy for children with juvenile onset diabetes so that damage to the pancreas' islet cells, which are responsible for insulin production, can be prevented. And alternative forms of pancreas transplantation, in which only islet cells are transplanted instead of the entire organ, probably are in the future.

Dr. Bowen fondly recollects a scene in a Star Trek movie that calls things the way he'd like to see them.

The crew had gone back in time. A crew member has been hurt and Dr. McCoy is running through San Francisco General Hospital looking for him. He sees a woman who looks horribly ill. He grabs her and says, "What's wrong with you?" "Kidney failure. I'm on dialysis." Dr. McCoy reaches into his bag, gives her a pill and tells her to take it. "He shakes his head and says, 'Dialysis. My God, how barbaric,' and runs off," Dr. Bowen said. "In the next scene, this lady is dancing around in the hall and she is back to normal." ■

—TONI BAKER

Transplant Program EXPANDING

The Medical College of Georgia has expanded its transplant program to include kidney-pancreas transplants.

"It's a logical extension of the kidney program since about a quarter of the patients we transplant with kidney failure have diabetes," said Dr. James J. Wynn, transplant surgeon and chief of general surgery at the Medical College of Georgia.

Diabetes can be a relentless disease, causing eye, nerve and vascular damage. The disease also causes microscopic changes in the kidney that can lead to failure of this organ which is designed to help rid the body of toxins and excess fluid as its spurs the production of oxygen-carrying red blood cells. Kidney failure affects about 40 percent of diabetics.

"Patients tend to have retinopathy, neuropathy and kidney failure to some degree," Dr. Wynn said. "Those who don't have kidney failure may be lucky enough to escape some of the worst complications of the disease."

A kidney-pancreas transplant frees the patient from the regimen of dialysis and the daily grind of strict dietary guidelines and insulin shots. Evidence suggests that the nerve damage of diabetics slowly disappears and that after three years, the eye damage stabilizes, Dr. Wynn said. "There is good evidence that the overall quality of life is better."

He opts to transplant the kidney and pancreas together for the simple reason of success. With the pancreas alone, there is no good way to monitor for rejection. Kidney rejection is relatively easy to monitor with a blood test that checks kidney function. "There is not a blood marker for pancreas rejection," Dr. Wynn said. And, "If you do a kidney and a pancreas from the same donor, then if a rejection episode occurs, it tends to affect both organs."

MCG's transplant team performed its first kidney-pancreas transplant April 30, 1993. ■

The Small-Town Life

They are like bookends.

Drs. Jean Rawlings Sumner and Dale Brown are working together to support health care in middle Georgia's rural Johnson County.

She came from Sandersville, Ga., 18 miles down the road, some 21 years ago as the new bride of Wrightsville, Ga., pharmacist Joe Sumner and as a nursing student at the Medical College of Georgia. This daughter of a doctor looked around her new hometown and found no doctor. It was a scenario she could never accept.

He came from just outside the tiny, west central Georgia town of Woodbury. He was the first doctor in his family. He originally intended to be a pharmacist, but "I just couldn't stand not knowing why the patients were getting the drugs, why they needed them," he recollected. Dr. Brown had four years of medical school and a three-year internal medicine residency behind him at MCG and was getting set for an extra year as chief resident. He planned on using that year to learn even more and to plan his future.

Then one day, Dr. Daniel W. Rahn, vice chairman of the MCG Department of Medicine, and Dr. Chesley L. Richards Jr., chief of the Section of General Internal Medicine, took him for a 78.6-mile ride to Wrightsville.

'We are going to go down there and see if we can make it a residency rotation site. Since you are going to be one of the chiefs next year, and have an interest in rural medicine, come give us your opinion,' they told him.

"I think they were nabbing me," Dr. Brown speculates.

July 7, 1993, the Johnson County Center for Community Health was formally dedicated, the product of a community that wouldn't take 'no doctor' for an answer, a woman who changed her life because she believed her new home needed that doctor and a medical school trying to serve its state.

"Efforts such as this one hold forth the promise that the trend of decreasing health-care services available to residents of rural areas may soon be reversed," Dr. Francis J. Tedesco, MCG president, told the crowd gathered for the July ceremony confirming the relationship between the health center and MCG.

Johnson County secured U.S. Public Health Service dollars to help pay for clinic operations and offset the cost of indigent care for residents. Prominent community members already had built a nice facility years back with the hope of a doctor in mind.

And MCG provides the faculty member, Dr. Brown, who lives and practices in Wrightsville, sharing duplex offices with Dr. Sumner. Georgia's health sciences university also sends residents and—in the future—medical students to the county so they can learn early the realities and joys of a small-town medical practice.

"Having been a doctor's child, having had access to health care in a county with a good medical care system and

moving to a county with no health care, you saw the need," Dr. Sumner said. "People would die because they could not get 25 miles to a doctor."

Then there is the bottom-line reality that communities without doctors lose dollars to nearby ones which do.

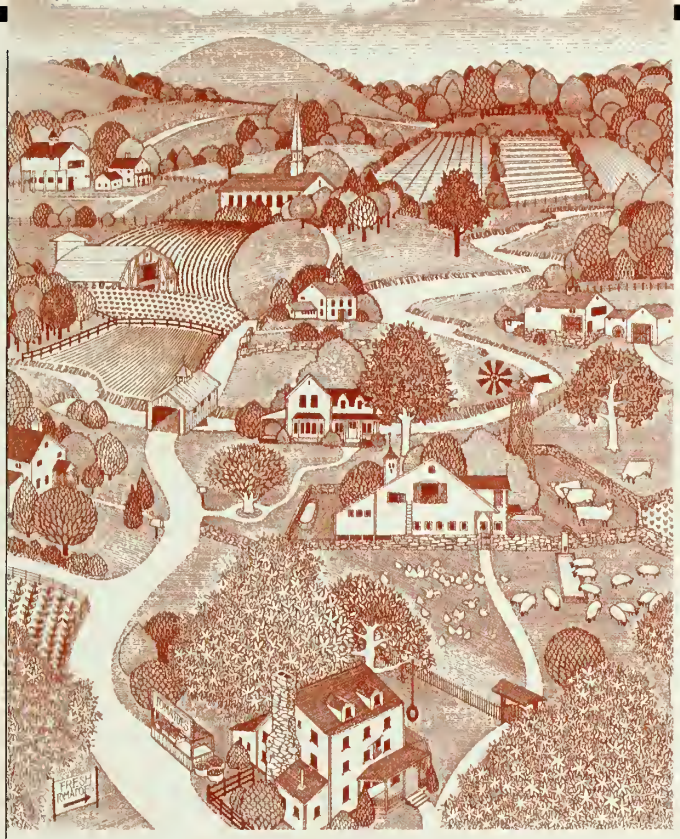
That was the scenario that spurred a woman who was a wife, mother and nurse to decide she'd become that doctor. There's only one red light between Wrightsville and Macon, Ga., so every day for seven years, Dr. Sumner drove the 62 miles back and forth to Mercer University School of Medicine in just over an hour to earn her medical degree and complete her residency.

Her son, Joe, was 6 and daughter, Jean, was 3 when she started. Still, her husband told her to go for it. "He said, 'If that's what you want to do, we'll do it.' I had a next-door neighbor who I would call and would go over and put a roast in my oven. I had a lot of help."

She graduated first in her class—it happened also to be Mercer's first medical class—then finished her internal medicine training at Medical Center of Central Georgia and in 1989 was finally the doctor she wanted Johnson County to have.

Dr. Sumner set up her practice, spending each day until lunch time in Johnson County, then seeing patients in the afternoon with her oldest brother, Dr. William Rawlings Jr., in Sandersville. She needs the practice time in Sandersville to maintain admitting privileges at Memorial Hospital of Washington County.

"There are no slow days around here unless you make them slow," she said. "I take care of a lot of families; there is somebody in every family that I've seen." A low estimate is that she sees about 100 patients a week. "Their loyalty and their trust, you feel that, and it's a tremendous responsibility to do the right thing. You're a human, and I can't stand for anybody to think that I have the magic answer or I know everything. I just tell them the best thing I can tell them."



Mattie Lou and Grady Oliver are reasonable examples of what Wrightsville offers back to Drs. Sumner and Brown.

"No ma'am, I don't care about leaving Wrightsville," said the wife of 62 years. "He's 82 and I'm 81; I'll soon be 82. We've always lived in this county."

"I'm living on the ground I was born on," Mr. Oliver said.

"We met at school," Mrs. Oliver said. "He lived on the road that I had to walk by to go to school. "

The Olivers used to go to Sandersville to the doctor. In fact, they used to go to Dr. Sumner's father, Dr. William Rawlings Sr., before he retired. Then they went to her brother, Dr. Rawlings Jr. When Dr. Sumner came to Wrightsville, they stayed home. "She's a good doctor and a good friend," said Mrs. Oliver.

A reality check soon told this doctor and friend that she needed some help meeting the health-care needs of this middle Georgia county of 9,000. So Dr. Sumner spearheaded the pursuit of federal funding that helped make the community health center and Dr. Brown's participation possible.

These days Dr. Brown looks around his new home and sees the familiar and welcome sites of small-town life.

"It's neat getting to know people that intimately. They'll talk to you. They are looking for somebody to talk to. Even though sometimes they are just half your age, for whatever reason, they'll generally give you respect and just start talking to you about things and look at you like you are going to tell them the truth," said this soft-spoken man who just turned 30. "I try to be careful and tell them the truth. I love getting to know people like that."

He's excited about the opportunity to help future doctors do the same.

"I want them to see what it really is, not what they think it is. I want them to see what practicing medicine is really like in a small town as opposed to any kind of preconceived ideas.

"I know in my heart a lot of them want to do something like this; they are just scared of the isolation and overwork. I think this will give them the idea that, number one, it can be done well and it's really not what they have envisioned, and I hope some of them will make a choice to do something similar."

Dr. Brown doesn't love everything he's seen in the handful of months he's been in Wrightsville. He's seen teen-agers having babies, some of them having more than one. He's seen teen-agers drop out of school. He's seen people who do not have someone to take them the 20-minute ride to Sandersville to get an X-ray.

And like his colleague, Dr. Sumner, he plans to do something about it.

"I think the immediate thing was to just take care of (medical) problems. But that's not the answer. If we are going to make any real impact down here, we have got to get in here and break some cycles," he said.

With his methodical voice and subtle smile, he says he knows it's a surprise that he's conservative.

"But I still have recognized early on that the big gains are going to be social kinds of things. All the big gains in medicine are social gains. All the big life-extending things were things like housing and sanitation. Those kinds of things made big impacts at relatively low costs," Dr. Brown said. "Now our gains are measured in months and measured in billions of dollars of high-tech stuff.

"So any of the real gains we ever made this century, even though they looked expensive at the front end, were really inexpensive and you had big years added to people's life expectancy. The big gains on a local level from a medical standpoint will still be social issues—keeping people in school, keeping children from having children that they have no means of taking care of.

"I want to be part of the community. I want to get involved where I know what's going on, just try to get a real feel for what's going on outside of here." ■

—TONI BAKER

All in Fun

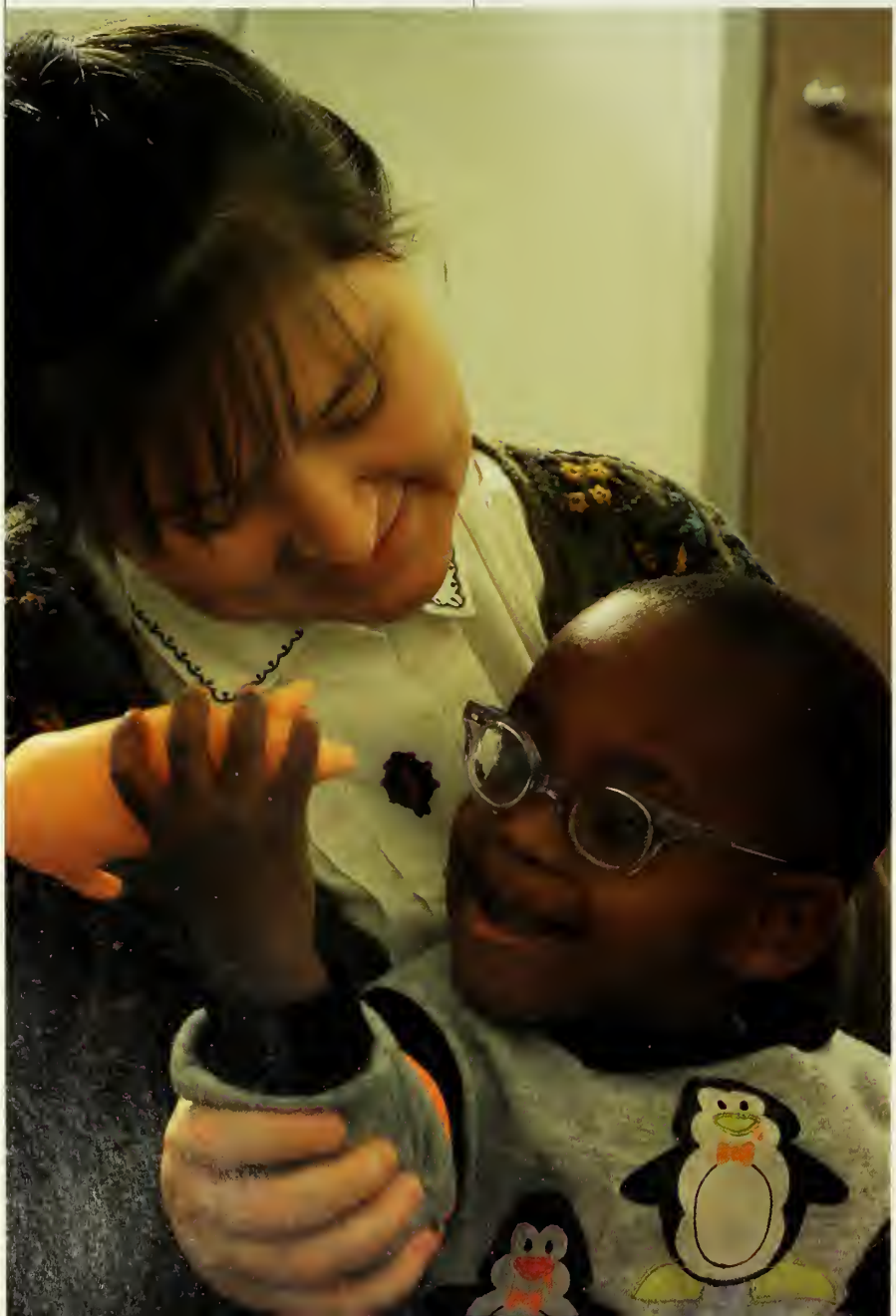
As 2-year-old Christian George played with a toy tractor, rolling it back and forth in front of the small barn, his only concern was having fun.

But while the adults playing with him were pleased that he and the other five children in class were enjoying themselves, they also had another agenda. They were helping the children learn to communicate more effectively and to develop important motor skills.

Developmental guidance disguised as just plain fun is the purpose of the Medical College of Georgia Milestones program for developmentally delayed children.

When Christian joined the program nine months ago, he was 2 years old and not speaking at all.

"I was concerned because he would point or try to get things himself, but he wasn't saying anything," said Donza George, Christian's mother.



"He even understood what I was saying pretty well, but he just couldn't respond. And he used to pitch awful fits, because he would get frustrated when you didn't understand him.

"I thought that if I could head a problem off early on, then it's important to take care of it," she said. "I wanted to make sure I gave him the best chance I could."

Milestones is an interdisciplinary program designed to help developmentally delayed children through structured play activities and a rich learning environment, said Teressa Lusk, a speech pathologist and program staff member. The program combines a speech pathologist, occupational therapy assistant, physical therapist and other assistants to give these children the best chance to overcome their delays.

Milestones classes are held for three age ranges: a baby group, in which mothers come to class with their babies; two 2-year-old groups, one with a physical therapy emphasis and the other with an occupational therapy emphasis; and a 3-year-old group.

"A child can be of normal intelligence or even above normal and still have a speech and language delay, or a motor skill development delay," said Ms. Lusk. "Some children may have a delay in only one area, while others may have several delays in understanding language, using spoken language, gross motor and fine motor skills. We also work on socialization skills, such as sharing and turn-taking."

Symptoms of a delay can include difficulty walking, not turning toward a speaker when the child's name is called, difficulty manipulating toys and small objects, not using works by 15 to 18 months, preferring to be alone, preferring to use gestures rather than words, not seeming to hear what is said, decreased

balance, not putting two words together by 26 to 30 months, not following any commands or directions, clumsiness, difficulty performing simple self-care tasks such as brushing teeth and washing hands and decreased interaction with other children and adults.

Delays may be caused by a number of factors, including chromosomal and genetic disorders; complications during pregnancy and birth; and limited contact with other children. However, usually the cause of the delay is unknown.

"Many of these children may even appear normal to an untrained observer, while they are actually not progressing developmentally with their peers," Ms. Lusk said. "For instance, they may seem to be speaking acceptably, and they name objects. But on a closer look, they may not be grasping concepts, like big and little, and that can cause a lot of problems for them if it isn't corrected before they start school."

The program uses structured play in a small group to teach the children. "At age 2 or 3, play is how children learn," Ms. Lusk said.

Ms. Lusk, the physical therapist and occupational therapy assistant plan activities that often integrate several learning objectives. Classes have a different theme each month, such as farm animals, breakfast foods, community helpers and nature.

"We find activities that are fun for the kids and that have a purpose," said Tammy Neuman, an occupational therapy assistant who works with the program. "We'll work on cutting paper, coloring a picture, kicking a ball, throwing, jumping.... And while I'm working on motor skills, Teressa can be talking with the children and working on their language skills at the same time." Other fun motor activities for the children include making cinnamon toast, threading fruit loops on a string, frosting and decorating cupcakes and helping to make a jack-o'-lantern for Halloween.

Occupational therapy also looks at each child's play skills to determine whether they are age-appropriate. For instance, 2-year-olds generally shouldn't still be putting their toys in their mouths.

"While some children may be here because of a delay in only one area, we still involve them in all the activities of the class," Ms. Neuman said. "They all generally enjoy it, and the more advanced children can serve as a model for some of the more delayed ones."

The children often support each other as they attempt activities. As Blair Lipscomb, a member of the 3-year-old group, tried to kick a ball to hit a target on the wall, other members of the group clapped and cheered when she hit it. As she waited her next turn, she encouraged the others.

When Blair joined the Milestones program 11 months ago, she was not talking at all, according to her mother, Toicene Lipscomb.

"By the time she was about 18 months old, I noticed that she wasn't speaking and wasn't picking up words like the other children her age," Ms. Lipscomb said. "She also was having problems understanding what I was saying to her.

"I brought her here because I was concerned that she wasn't using words even to express her own needs," she said. "For example, if she was thirsty, she would look for a cup, and she might bring it to you, but she wouldn't say 'juice.'

"I was really concerned about her speech, because children have so much to learn by about age 5, before they are ready to start school," Ms. Lipscomb said. "I didn't want her to start school speech-delayed; I wanted to give her every opportunity I could."

Over the past several months, Blair moved from the 2-year-old group to the 3-year-old group, and is full of personality and conversation when she comes to class. Walking into the room, she says hello to Teressa, who she calls 'Teach,' then turns to her mother: "Bye, Mommy," she says as she chooses a toy to play with and tells Teach that she is 3 now.

Children are referred into the group from a variety of sources, including physicians, speech/audiology specialists and physical and occupational therapists. The children receive a full evaluation and then may join a Milestones group or be seen individually, depending on their specific needs.

"It's important to treat them as early as possible, because the delay is often compounded as they age," said Ms. Lusk. "If they're seen early, and if they can get caught up with their peers, then they could have the same chance as any child starting school." ■

—INGRID HEGGOY

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